

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 APR 21 AM 10:09

1. NAME OF COMMITTEE (in full) **Tammy Baldwin for Senate** TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **PO Box 696**

Check if different than previously reported. (ACC) **Madison** CITY **WI** STATE **53701** ZIP CODE

2. FEC IDENTIFICATION NUMBER **C C00326801**

3. IS THIS REPORT ☒ NEW (N) OR AMENDED (A)

4. STATE **WI** DISTRICT **00**
For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2) and/or Semi-annual Report

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE) and/or Semi-annual Report

July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Special (12S) Convention (12C)

This report also covers the semi-annual period

Election on M M / D D / Y Y Y Y in the State of See Line 6(b)

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

This report also covers the semi-annual period

Election on M M / D D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

This report covers M M / D D / Y Y Y Y 01 01 2014 through M M / D D / Y Y Y Y 03 31 2014 and/or

(b) Semi-annual Covered Period

January 1 - June 30

July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Mr. Michael F. Childers**

Signature of Treasurer **Mr. Michael F. Childers** Date **04 14 2014**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3L**
02/2009

14020294598